

STATE OF CONNECTICUT Consumer Advisory Board

Meeting Summary Tuesday, September 16, 2014

Members Present: Patricia Checko (Co-Chair); Arlene Murphy (Co-Chair); Jeffrey G. Beadle; Michaela I. Fissel; Kevin Galvin; Bryte Johnson; Stephen Karp; Robert Krzys; Theanvy Kuoch; Nanfi Lubogo; Richard J. Porth

Members Absent: Alice Ferguson; Cheryl Harris Forbes; Sharon D. Langer; Fernando Morales

Other Participants: Mark Schaefer

Meeting was called to order at 1:08 p.m.

1. Public Comment

There was no public comment.

2. Acceptance of minutes of August 19th meeting

Motion to accept the minutes of the August 19th Consumer Advisory Board Meeting – Richard Porth; seconded by Jeffrey Beadle.

There was no discussion.

Vote: all in favor.

3. Update on replacement for Cece Peppers-Johnson

The Board discussed the need to find a replacement for Cece Peppers-Johnson as she has relocated to Texas. The group discussed finding a replacement with expertise in housing issues. Patricia Checko approached Erin Boggs, who worked with the CT Fair Housing Association but she was unable to commit. Jeffrey Beadle suggested talking to staff from the CT Coalition to End Homelessness. Michaela Fissel suggested the Cross-Disability Lifespan Alliance as a potential source as its membership would have expertise in both housing and disabilities.

Arlene Murphy noted that Cheryl Harris Forbes will be unable to attend meetings due to a family issue but will continue to work with the Board via email.

4. Update on SIM grant and response to CMMI Questions

Mark Schaefer provided an update on the grant and the response to CMMI's questions regarding the state's application ([see presentation here](#)). Dr. Schaefer noted that the Program Management Office received a Freedom of Information request from Ellen Andrews for communications related to the Board's letter of support (including the vote tally), the Board's recommendations for workgroup appointments, and test grant application budget. The PMO has not yet responded but anticipates it will do so by the end of the week. The request raises the question that all of the board's proceedings should be open to the public and is questioning the decision by the board to convene in executive session when deliberating recommendations for workgroup appointments. The PMO's position is that the statutory reference to personnel function applies. Dr. Schaefer noted it is an evolving process.

Dr. Schaefer referenced a letter sent on September 12 to CMMI from a group of advocates ([see letter here](#)). In the letter, the advocates request that CMMI object to the inclusion of large numbers of Medicaid beneficiaries in shared savings programs. The PMO is working with Medicaid to formulate

a response. Dr. Schaefer said that the Care Management Committee of the Council on Medical Assistance Program Oversight (MAPOC) could take note of the letter and use it as a touchstone in providing advice on program implementation. It remains to be seen how CMMI will react to the concerns.

Bryte Johnson asked how the award process with CMMI would work. Dr. Schaefer said the only expectation from the funding opportunity announcement was a cabinet-level presentation and actuarial questions. He said the questions were presented as budget negotiations and there could be further engagement.

Michaela Fissel said she signed the letter because she was concerned about behavioral health. There is a huge concern in the behavioral health community regarding health equity. Medicaid beneficiaries traditionally have greater access to behavioral health services than the commercially covered. She asked if the behavioral health metrics proposed could be shared with the community for input. Dr. Schaefer said they could be shared. He noted that behavioral health provides the greatest challenge in terms of measurement. He also noted that there are plans to create a behavioral health design group as an offshoot of the Quality Council. The metrics considered by the Quality Council will be posted for review. Dr. Schaefer said that concerns regarding under service with commercial groups could be addressed by the Equity and Access Council.

Robert Krzys asked about sharing savings with consumers as an economic incentive or a reward. Dr. Schaefer said that there is emerging awareness among primary care providers that the more actively engaged consumers are, the better their results will be. They did not discuss establishing an allotment that goes to consumers but that it could be achieved through value based insurance design (VBID). The Department of Social Services has an incentive program centered on smoking cessation. There may be interest at DSS in exploring other incentive programs but there is no commitment to that in the test grant application. Ms. Murphy asked which group was overseeing VBID. There is no group assigned to it and work in that area is contingent on the federal grant award. Dr. Schaefer said consumer participation is open for discussion.

Dr. Schaefer provided information on an Advanced Medical Home pilot program. The pilot would use available funds within the program management office to begin a small scale glide path program. Nanfi Lubogo asked how the pilot differed from what already exists. Dr. Schaefer said that NCQA's person centered medical home program is, perhaps, the best known. The pilot would be based on their standards but remains to be defined by the Practice Transformation Taskforce (PTTF). Their recommendation could be shared with the Board. The pilot would serve to bring new practices up to the NCQA standard and would not impact practices that are already NCQA recognized. The experiences in the pilot would serve as a basis for the implementation of the full AMH glide path.

5. Update on SIM work groups

Ms. Murphy said she had observed the PTTF and that the advocates on the Taskforce have been active and vocal. She said they are still looking for a Board liaison to the Taskforce. Ms. Lubogo volunteered to serve as the liaison. The Quality Council met before the CMMI response to questions was submitted and they were able to impact the response. Fernando Morales will serve as the Board liaison to the Equity and Access Council (EAC). Dr. Checko said EAC members have been charged with providing their thoughts on ways providers under serve. She noted that only two of the five advocates on the EAC attended the first meeting. She said she would contact the members to talk about their intentions and that the board may need to consider replacing those who do not attend meetings.

The Workforce Council remains under development. Dr. Checko, Mr. Krzys, and Kevin Galvin met with Ron Preston, who is overseeing the Workforce Council. The Healthcare Innovation Steering Committee may appoint members at its next meeting. Mr. Krzys reviewed the workforce initiatives in the test grant: community health workers (CHW), Teaching Health Centers, and the Connecticut Service Track. There were concerns raised about the composition of the group as there is a dearth of payer, provider, and consumer representation. There are also concerns about how the CHW initiative would be rolled out. Dr. Checko said they needed to look beyond education. Ms. Fissel noted a pilot program at Community Health Resources that involved a nurse reviewing medical records and identifying outcomes that could be tracked to demonstrate effectiveness. She suggested reaching out to them as a resource. She also said she was concerned about the process for appointment to the Workforce Council, particularly if they used a completely different method than for the other work groups.

The Health Information Technology (HIT) Council also remains under development. It was noted that it appears DSS Commissioner Roderick Bremby will meet with other state agency commissioners. The Board had three recommended nominees to the workgroup. It was noted that it may be appropriate to move those names to the Steering Committee.

Motion: to provide the names of recommended advocates to the HIT Council to the Healthcare Innovation Steering Committee – Patricia Checko; seconded by Michaela Fissel.

Ms. Fissel said this was important, particularly with regard to electronic health records.

Vote: all in favor.

Ms. Murphy said that in future meetings, Board liaisons would be asked to provide work group updates. Sharon Langer will serve as the Board liaison to the MAPOC Care Management Committee. That will be a resource to direct questions on Medicaid. Dr. Checko said it was important to have one or two board members willing to attend on a regular basis so that there is continuity.

6. Discussion of CAB Taskforces on Chronic Disease, Behavioral Health and Health Equity

Ms. Murphy reviewed the purpose behind the CAB taskforces. The function is to identify issues in particular areas and bring updates to the Board. Dr. Checko said there are various ways to receive feedback in areas including chronic disease, behavioral health, and health equity, such as the Board's planned meeting in Bridgeport.

Theanvy Kuoch put together a presentation on health equity ([see presentation here](#)). This could be discussed further at the Board's next meeting. Ms. Fissel noted that there are three reports on behavioral health that identify issues regarding access to services, the Affordable Care Act's impact on coverage, and education, among others. She said it would be of value to review the reports. Dr. Checko said she saw Ms. Fissel as the natural leader of the behavioral health taskforce.

7. Other business

Dr. Checko noted that the PMO plans to hire someone to work in support of the Board. Dr. Checko and Ms. Murphy will work on finding a location for the Board's October meeting in Bridgeport. They have received offers from organizations to host it.

Motion to adjourn – Robert Krzys; seconded by Theanvy Kuoch.

There was no discussion.

Vote: all in favor.

The meeting adjourned at 2:58 p.m.